

Mississippi S-Corporation Income and Franchise Tax Return 2001

WCA

Page 1

For Fiscal Year Beginning and Ending FEIN Name of Corporation Mailing Address (PO Box or Street Including Rural Route) City State ZIP + 4 County Code **FILING STATUS**

(See Instructions)

Check All That Apply: ☐ Final Return ☐ Amended Return ☐ Short Year Return ☐ Address ChangeCheck All That Apply: ☐ 100% Mississippi ☐ Multistate Direct Accounting ☐ Multistate Apportioning ☐ Composite ReturnNumber of Shareholders at End of Tax year: Date of Election as an S-Corporation: Number of Schedule K-1's attached: **FRANCHISE AND INCOME TAX**

1. Taxable Capital (From Form 83-110, Line 18.) 1
2. Franchise Tax Due (From Form 83-110, Line 21). Minimum tax of \$25.
3. If this corporation is the owner of a QSSS or owner of a SMLLC doing business in Mississippi, enter the Name and FEIN of the QSSS or SMLLC. (If more than one, attach list.)

5

FEIN Name: **Round All Amounts to the Nearest Dollar**

4. Mississippi Net Taxable Income (Enter zero, unless filing composite return - See Instructions.) 6

5. Total Income Tax (Composite Return Only. See Instructions)

- 6a. Credits: a. Ad Valorem Tax Credit (From Form 83-401, Schedule A.) (Composite Only) 22

- 6b. b. Other Credits (From Form 83-401, Line H, Schedule B.) (Composite Only)

 \$ \$ \$

7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b.) (Composite Only)

8. Total Franchise and Income Tax Due - Line 2 (Plus Line 7 if filing Composite)

9. Interest & Penalty on Underestimated Income Tax Payments. (Attach Form 83-305) 26

10. Total of Lines 8 and 9.

PAYMENTS and TAX DUE

11. Overpayments from Prior Year.

12. Estimated Tax Payment and Payments with Extension.

13. Total Payments (Line 11 Plus Line 12.)

14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13.)

15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month. (See Instructions) 29

16. Amount Paid with this Return. (Line 14 plus Line 15) Attach Payment for Total Due to: State Tax Commission. **AMOUNT PAID** 31

17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. (Line 13 minus Line 10.)

18. Amount of Overpayment (Line 17) to be Refunded. **REFUND** 33

19. Amount of Overpayment (Line 17) to be Credited to Next Year. 34

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Check To: **Office of Revenue**
 Mail To: **P.O. Box 23050**
Jackson, MS 39225-3050

Officer's Signature_____
Date_____
Officer's Title()
Tax Department Phone_____
Paid Preparer's Signature_____
Date_____
Paid Preparer's Address_____
Paid Firm's Identification Number or PTIN

OR

Paid Preparer's Social Security Number or PTIN()
Preparer's Phone

Mississippi S-Corporation Income and Franchise Tax Return 2001

Page 2

S-Corporation Information

1. DBA _____ 2. County locations in Mississippi. _____
3. Principal business activity in Mississippi. _____ 4. Principal business activity everywhere. _____
5. Principal product or service in Mississippi. _____ 6. Principal product or service everywhere. _____
7. Contact person for this return. _____ 8. Contact person's location and phone. _____ ()
9. If amended return, check reason:
- ☐ Mississippi correction only ☐ Amended Federal Form 1120S (attach copy) ☐ Federal RAR (attach applicable copies) ☐ Other: _____
10. If final return, check reason and enter date effective: _____ Date _____
- ☐ Dissolving Mississippi Corporation ☐ Non-Mississippi Corporation Withdrawing from State ☐ Sold MS Assets ☐ Merged
- ☐ S-Status Terminated ☐ Other: _____

If you checked Sold or Merged, provide the following:
New company or owner's name and address

FEIN _____
Phone () _____

Former owner's forwarding address

Phone () _____

11. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi? If Yes, attach Mississippi Form K-1(s). ☐ Yes ☐ No
12. Has the corporation filed amended federal returns in the last three years? ☐ Yes ☐ No
If Yes, list years _____
13. Has the IRS made any changes to your taxable income in the last three years? ☐ Yes ☐ No
If Yes, list years _____
14. If Line 12 and/or Line 13 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? ☐ Yes ☐ No
- 15a During the period December 17, 1999 to December 31, 2000 did you sell property with payments to be received in a tax year after the year of sale? ☐ Yes ☐ No
- 15b If you answered yes, was the sale reported in full on your Mississippi income tax return for the year of sale as required by section 27-7-15(2)(b)(i)? (Note: This requirement differs from Federal law.) ☐ Yes ☐ No

List of Officers - This schedule MUST be completed

President: Name and Home Address	Social Security Number	Ownership Percentage %
_____ _____	_____ _____	Salary _____
Vice President: Name and Home Address	Social Security Number	Ownership Percentage %
_____ _____	_____ _____	Salary _____
Treasurer: Name and Home Address	Social Security Number	Ownership Percentage %
_____ _____	_____ _____	Salary _____
Secretary: Name and Home Address	Social Security Number	Ownership Percentage %
_____ _____	_____ _____	Salary _____